

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		1				
14		2				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		2				
22		2				
23		2				
24		2				
25		1				
26	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	50					
TOTAL CLAIMS	54					

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TOTAL CLAIMS						